



**FUTURE
GENERALI**

TOTAL INSURANCE SOLUTIONS

DETAILS OF CLAIM FOR DEATH BENEFIT

Policy/Proposal No.		Intimation by	
Client Id.		Contact No.	
Relationship with the insured			
Complete Mailing Address			

DETAILS OF DEATH

- Name of the deceased | _____
- Died at: Home Hospital Road Elsewhere
- If in hospital, provide us with following details:

Name of the Hospital _____
Address _____
_____ Contact Nos. _____
Date of Admission _____ Date of Death _____
Name of Attending Doctor _____
- What was the diagnosis | _____
- Date of Death | |||||||
- Place of Death | _____ | Time of Death | _____
- Cause of Death
- Who certified the cause of death? | _____
- Was the death reported to police? Yes No
If Yes - Please provide details (Name, address & contact no. of police station where reported)
| _____
- Was a Post Mortem Examination performed? Yes No
If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail)
| _____

Signature

Name of Branch Manager/ Branch Operation Executive | _____

Branch | _____

Date | |||||||

Incase, Intimation is through direct walk-in at HO/Zone/Branch

Signature of the person intimating